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| 28415 | 7590 03/24/2010 | | | | | | | | |
| PRICE, HENEVELD, COOPER, DEWITT & LITTON, LLP FGTL 695 KENMOOR S.E. | | | | | Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below. | | | | |
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| APPLICATION NO. | FILING DATE | | FIRST NAMED INVEN | TOR | OR ATTORNEY | | DOCKET NO. | CONFIRMATION NO. | |
| 10/694,167 | 10/694,167 10/27/2003 | | Jan Ryderstam | | | 81044557 (201-0705) | | 3060 | |
| TITLE OF INVENTION: TRACTIVE FORCE MAP | | | | | | | | | |
| APPLN. TYPE | SMALL ENTITY | ISSUE FEE DUE | PUBLICATION FEE D | UE | PREV. PAID ISSU | E FEE TO | TAL FEE(S) DUE | DATE DUE | |
| nonprovisional | NO | \$1510 | \$300 | | \$0 | | \$1810 | 06/24/2010 | |
| EXAMINER | | ART UNIT | CLASS-SUBCLASS | 3 | | | | | |
| NGUYEN, CUONG H | | 3661 | 701-082000 | | | | | | |
| Change of corresponder CFR 1.363). Change of corresponder Address form PTO/SB | (1) the names of u or agents OR, alter | 2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (baying as a member a | | | | | | | |
| "Fee Address" indip PTO/SB/47; Rev 03-02 Number is required. | (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. 2 Cooper, DeWitt & 3 Litton, LLP | | | | | | | | |
| • | ID REGIDENCE DAT | A TO DE DDINTED ON | THE PATENT (print of | or typ | رم. | | Litton | , <u>hhP</u> | |
| 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. | | | | | | | | | |
| (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) | | | | | | | | | |
| Ford Global Technologies, LLC Dearborn, Michigan | | | | | | | | | |
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| 5. Change in Entity Stat | us (from status indicates SMALL ENTITY stat | | ☐ b. Applicant is no | o long | zer claiming SMA | LL ENTITY | status. See 37 CI | FR 1.27(g)(2). | |
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| Authorized Signature | m Da | | | | Date Jun | e 22, | 2010 | | |
| Typed or printed name Marcus P. Dolce | | | | | Registration 1 | No. 46 C | 73 | | |
| This collection of informa an application. Confident submitting the completed this form and/or suggestion. | ation is required by 37 (iality is governed by 33 application form to the ons for reducing this building in 22313-1450. Doi:13-1450. | CFR 1.311. The informati 5 U.S.C. 122 and 37 CFR e USPTO. Time will varurden, should be sent to to 10 NOT SEND FEES OR | y depending upon the chief Information CompLETED FORM | is est indiv Office 1S TO | imated to take 12 idual case. Any cor, U.S. Patent and DTHIS ADDRES | minutes to comments on Trademark S. SEND TC | omplete, including the amount of the Office, U.S. Department of the Commissioner | by the USPTO to process) g gathering, preparing, and ne you require to complete artment of Commerce, P.O. for Patents, P.O. Box 1450, number. | |